

# EXHIBIT B

## FILED GRIEVANCES ON FOOD SHORTAGES

22-0762

22-0754

22-0740

# ALAMEDA COUNTY SHERIFF'S OFFICE

## INMATE GRIEVANCE FORM

☒ Santa Rita Jail ☐ Glenn E. Dyer Detention Facility

ADA  
RELATED

NAME: David Misch PFN: AMU-732 DATE: 2/5/22 HU/FLOOR 2 E5

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 2-1 → 2-5-22

Grievance Details: Religious Meals/Kosher Halal Diet/Trays are arriving without the Required portions since implementation of New Smaller Trays.

Since 2/1/22 The Breakfast trays - Cereal, Cold or Hot. Aramaek/Alameda County Religious Meals Menu (requires 1 1/2 cups) of which ever is called For That Day - Oatmeal/Corn Flakes/Toasted Os.

This is easily checked by dumping contents into a 8oz paper cup - which is equivalent to 1 cup in "Volume". So it should fill the cup 1 and 1/2 times. Oatmeal Trays barely contain 1 cup on those days. Cold cereals Barely over a cup, always short now of Required Portion size, every day so far.

\* Dinners - Starches, Rice, Beans, Lentils etc (Require 1 1/2 c).

Not receiving even a full 1 cup, so short at least 1/2 c

Main Protein Portion/TVP, multi-flours (Require 3/4 c)

Lucky to say we get 1/2 c so short at least 1/4 c.

Salads/Lettuce/Cooked Kettle Veg/Mixed/ menu (requires 1 c)

Only receiving 1/2 to 3/4 c max, so short 25% to 50%.

Alameda County-Religious Meals Menu - 2600 calories Per Day,

Menu clearly states all side dishes are Volume measurement.

Unless otherwise specified, as in each packet, or ozw = ounces by weight as in 3ozw Corn or Carrot sticks in lunch. All inmates on this diet are being denied Required Amnts. Please Comply w/Menu.

INMATE SIGNATURE: D. Misch

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

\*\*\*DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY\*\*\*

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

Received by Deputy: D. NICHOLSON Badge# 2469 Date: 2-5-22

☐ Resolved at Deputy Level

Inmate Acceptance (Signature) \_\_\_\_\_

☒ Cannot be resolved at Deputy Level

Grievance Tracking Number: 22-0762

PREA Tracking Number: \_\_\_\_\_

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.



# ALAMEDA COUNTY SHERIFF'S OFFICE INMATE GRIEVANCE FORM



ADA  
RELATED

☒ Santa Rita Jail ☐ Glenn E. Dyer Detention Facility

NAME: David Misch PFN: AMU-732 DATE: 2-5-22 HU/FLOOR 2E5

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 2-5-22

Kosher-Halal Trays are missing 1 of the 2 Peanut Butter Packets Required  
By: Aramark Religious Meals Menu

## Grievance Details:

On Saturday-2-5-22 approx 0630 hrs Breakfast meals  
were passed Vort. Upon receiving the tray I noticed  
it only had 1 of the 2 required Peanut Butter Pkts.

According to the Aramark/Alameda County Religious meals  
menu.

Any Breakfast calling for Peanut Butter - Mon/Wed/Sat  
Requires 2-1oz Packets each.

The tray was shown and opened in front of  
deputy: Jackson along with my copy of menu.

This is the second time in one week, this  
also occurred on 2-2-22. I sent a Message Request  
to kitchen to notify them of the omission of required  
food item in Kosher-Halal Diet Trays.

Please instruct kitchen staff to supply the  
required Amnts in all Kosher-Halal Breakfast Trays, per  
approved Menu.

INMATE SIGNATURE: David Misch

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

\*\*\*DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY\*\*\*

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

Received by Deputy: m JACKSON Badge# 2497 Date: 02/05/22

☐ Resolved at Deputy Level

Inmate Acceptance (Signature) \_\_\_\_\_

☒ Cannot be resolved at Deputy Level

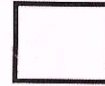
Grievance Tracking Number: 22-0754

PREA Tracking Number: \_\_\_\_\_

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.



**ALAMEDA COUNTY SHERIFF'S OFFICE  
INMATE GRIEVANCE FORM**



**ADA  
RELATED**

☐ Santa Rita Jail ☐ Glenn E. Dyer Detention Facility

NAME: David Misch PFN: AMU-732 DATE: 2/4/22 HU/FLOOR 2-E-5

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 2/4/22

**Grievance Details:**

At Approx 1210 hrs my kosher / Halal Religious Lunch meal was delivered by I/M worker and Deputy White.

I immediately notified the Deputy that much lunch was missing the fruit - Orange, ~~1~~ each Required by Aramarks, Every Day Alameda County Religious Meals menu. (This was noted on body camera also.)

I also noted it only had 3-Duplex Cookies. The Religious meals menu require 4-Duplex Cookies every Day.

This is the second day this Omission of Required Portions has occurred. I thought One day was a fluke. 2 days in a row can become a standard if not immediately corrected.

Please Inform Kitchen staff the Aramark-Alameda County Religious Meals Menu require 1pc of fruit in each lunch and 4 duplex cookies every day.

INMATE SIGNATURE: D. Misch

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

\*\*\*DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY\*\*\*

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

Received by Deputy: SE7.05H01870 Badge# 1419 Date: 2/4/22

☐ Resolved at Deputy Level

Inmate Acceptance (Signature) \_\_\_\_\_

☒ Cannot be resolved at Deputy Level

Grievance Tracking Number: 22-0740

PREA Tracking Number: \_\_\_\_\_

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.